Printed Name/Title

SUBSTITUTE FORM W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Please make any changes to the name and/or address below if necessary.

For FDIC to ensure compliance with Internal Revenue Regulations and Federal Income Tax Laws, please provide the following information and return this form to the FDIC Division of Finance. Should you require further assistance or information regarding this form please call the FDIC Division of Finance at (202) 416-6900.

Enter your Taxpayer Identi	fication N	umber (TIN) in one of the spaces provided below	:
Employer Identification Number (EIN)			
Social Security Number (SSN)			
Please	e check on	e box in each column below	
PAYEE TYPE		BUSINESS OWNERSHIP TYPE	
Individual		Sole Proprietorship	
Federal Government Agency		Partnership	
State, Local Government Agency		Corporation	
Law Firm or Practice		Government Agency	
Legal Service Provider		Trust	
Foreign/Non-resident (provide Form W-8)		Tax Exempt/Non-Profit	
Other (please explain below)		Other (please explain below)	
2. I am not subject to back-up withholding because that I am subject to back-up withholding as a resu	eturn. For relation of quired to signorrect to the (a) I am ex	real-estate transactions, item 2 does not apply. For more debt, contributions to an individual retirement account	rtgage interest paid, the track (IRA), and generally TIN. to be issued to me. the notified by the IRS
no longer subject to back-up withholding. Authorized Signature (Certification) Date		() Phone Number	
		()	

PLEASE COMPLETE AND SIGN BOTH PAGES OF THIS FORM

Fax Number